FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

13°	EC 702
OMB AP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated averag	e burden
hours per respo	nse1
SEC US	E ONLY
Prefix	Serial
DATE RE	ECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Limited Partnership Interests of PINNACLE VENTURES II-C, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE ULOE
A. BASIC IDENTIFICATION DATA	3014 6 4 5003
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) PINNACLE VENTURES II-C, L.P.	190
Address of Executive Offices (Number and Street, City, State, Zip Code) 130 Lytton Avenue, Suite 220, Palo Alto, CA 94301	Telephone Number (Including Area Code) (650) 926-7800
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Venture Capital Investment	
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed other	(please specify): JUN 2 2 2005
Actual or Estimated Date of Incorporation or Organization: Month Year	THOMSON FINANCIAL Actual Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC ID	ENTIFICATION DATA	<u>.</u>		
Each beneficial owEach executive offi	ne issuer, if the issuer h	as been organized within the o vote or dispose, or direct the porate issuers and of corpora	e vote or disposition of, 10%			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	\boxtimes	General and/or Managing Partner
Full Name (Last name first, i	•					
Business or Residence Addre	·					
130 Lytton Avenue, Suit						
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, in Curley, Robert A., Jr.	f individual)					
Business or Residence Addre	ess (Number and Stree	et City State Zin Code)				Ass. Ass. Ass. Ass. Ass. Ass. Ass. Ass.
130 Lytton Avenue, Suit	`					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, in Lee, Patrick C.	f individual)					
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)				
130 Lytton Avenue, Suit	e 220, Palo Alto, CA	94301				
Check Box(es) that Apply:	Promoter 2	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	•	, . , ,				
130 Lytton Avenue, Suit	e 220, Palo Alto, CA	94301				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first,	,			1		
Redpoint Pinnacle Hold		City State 7in Code)			——	
Business or Residence Address 3000 Sand Hill Road, 2-						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ess (Number and Stree	et City State Zin Code)				
130 Lytton Avenue, Suit	`					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or
Full Name (Last name first, i	f individual)		<u> </u>	*		Managing Partner
Cardinal Fund I, L.P.				-		
Business or Residence Addre 201 Main Street, Suite 2						
avi min on eeg oute 2		sheet, or copy and use ad-	ditional copies of this shee	t, as necessary)		

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		A	. BASIC IDI	ENTII	FICATION DATA	•	•	
Each beneficial owrEach executive office	e issuer, if the issuer ha	s been vote o orate is	or dispose, or direct the ssuers and of corporat	vote	or disposition of, 10%			securities of the issuer; nd
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i								
FW Private Investors, L. Business or Residence Addre		t City	State Zin Code)					
201 Main Street, Suite 24	•	•	• • •					
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	findividual)							
Terrebonne Investments	, L.P.			<u>-</u>				
Business or Residence Addre								
201 Main Street, Suite 24	115, Fort Worth, TX	7610	2					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ess (Number and Stree	t, City	, State, Zip Code)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ess (Number and Stree	t, City	, State, Zip Code)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							 1,12-1,12-1,12-1,12-1,12-1,12-1,12-1,12
Business or Residence Addre	ess (Number and Stree	et, City	, State, Zip Code)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ess (Number and Stree	et, City	y, State, Zip Code)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ess (Number and Stree	et, City	y, State, Zip Code)					
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	<u> </u>			B.	INFOR	MATION A	BOUT OF	FERING				
1. Has th	e issuer sold	or does the is	scuer intend t	o sell to nor	a accredited in	nuestore in t	hic offering?	··•			Yes	No ⊠
1. 1145 07	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.										Ц.	
2. What	is the minimu	m investment	t that will be				-				\$	N/A
2 Dans				-i1i40							Yes	No
	the offering pe the information		•								\boxtimes	Ш
remun	eration for sol	icitation of p	urchasers in c	onnection w	rith sales of se	curities in th	e offering. It	f a person to b	e listed is an	associated		
	or agent of a vive (5) persons											
dealer												
Full Name ((Last name fire	st, it individu	iai) _.									
Business or	Residence Ac	ldress (Numb	per and Street	t, City, State	, Zip Code)							
Name of As	ssociated Brok	er or Dealer			1,9.1		*					
States in W	hich Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
(Check "	All States" or	check indivi	duals States)								☐ AI	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HII)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]
									· · · · · · · · · · · · · · · · · · ·			
Full Name	(Last name fir	st, if individu	ıal)									
Business or	Residence Ac	ddress (Numl	ber and Stree	t, City, State	, Zip Code)							
<u> </u>					<u></u>		-					
Name of As	ssociated Brok	ter or Dealer										
States in W	hich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Check "	'All States" or	check indivi	duals States)	*********	*********	***************************************	************			••••	☐ Ai	li States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name fir	st, if individu	ual)			· <u>-</u>	<u> </u>					
Business or	Residence A	ddress (Num	ber and Stree	t. City. State	. Zip Code)	·				 -		
					,,p = 0,000)							
Name of A	ssociated Brol	er or Dealer										
States in W	hich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers		Nat.			·····		
(Check '	'All States" or	check indivi	duals States)								□ A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use l	blank sheet,	or copy and u	ise additiona	I copies of th	nis sheet, as n	ecessary)			

[Click on "Add Section B Page" in the above SEC toolbar if needed, otherwise delete this line.]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	A	A constant Albert des
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	S	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ 14,250,000	\$ 14,250,000
	Other (Specify)	\$	\$
	Total	\$_14,250,000	\$ 14,250,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	3	\$ 14,250,000
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	· 🗀	\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$50,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	\boxtimes	\$ 50,000

C OFFERI	NG PRICE, NUMBER OF INVESTORS, EXPENS	SES AND USE OF PROCEEDS	
total expenses furnished in response to P	regate offering price given in response to Part C - Questart C - Question 4.a. This difference is the "adjusted g	gross	\$ <u>14,200,000</u>
 Indicate below the amount of the adjusted the purposes shown. If the amount for any left of the estimate. The total of the payn forth in response to Part C - Question 4.b 			
·		Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees			\$
Purchase of real estate		s	□ s
Purchase, rental or leasing and installation	on of machinery and equipment		□ \$
Construction or leasing of plant building	gs and facilities	🗆 \$	\$
	ng the value of securities involved in this offering that ties of another issuer pursuant to a merger)		□ s
Repayment of indebtedness		s	□ s
Working capital		s	⊠ \$ <u>12,418,750</u>
Other (specify):		s	\$
Column Totals	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S 1,781,250	
Total Payments Listed (column tot	als added)	× \$ 14,20	00,000
	D. FEDERAL SIGNATURE		
	ed by the undersigned duly authorized person. If this notice curities and Exchange Commission, upon written request of Rule 502.		
Issuer (Print or Type)	Signature	Date	
PINNACLE VENTURES II-C, L.P.	Ktehl.	June 2, 2005	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	PARA OF E MENTERINGS MANIA OF	APNITH F. C.
Kenneth R. Pelowski	Managing Member of the General Partner, Pl	INNAULE VENTURES MANAGE	MENT II, L.L.C.
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	•		
		•	
	ATTENTION		
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Intentional Misstatemer	nts or Omissions of Fact Constitute Federal Crimin	al Violations. (See 18. U.S.C. 100	01.)